



Report of Project Activities

Department of Labor and Workforce Development
Division of Business Partnerships



DENALI TRAINING FUND

PROGRESS REPORT

NAME OF ORGANIZATION: First Alaskans Institute
NAME OF PROJECT: Denali Commission Training Fund
REPORT PERIOD: July 1, 2004 to September 30, 2004

PROJECT ACTIVITIES AND ACCOMPLISHMENTS:

Briefly describe the grant activities undertaken during the period and any accomplishments achieved.

No activity to date

PLANNED ACTIVITIES FOR NEXT REPORTING PERIOD:

Describe the grant activities you expect to complete during the next quarter.

Design internship and fellowship. Sign contract to create and maintain the Brain Gain project.

PROBLEMS, DELAYS OR CONCERNS EXPERIENCED:

Are the grant activities progressing as planned? If not, what is the cause? Identify if there are any areas the Alaska Workforce Investment Office can provide assistance.

No contract signed yet.

POSSIBLE PROBLEM RESOLUTIONS AND TIMEFRAMES:

For any problems identified, describe how you will resolve them and how long it will take.

Anticipating signed contract momentarily

Certification: I certify that the above information is true and correct and in accordance with the terms and conditions of the agreement.

Carrie Brown, Senior Vice President
Name and Title

[Signature]
Signature

10/26/04
Date

State of Alaska, Department of Labor and Workforce Development
Division of Business Partnerships
DENALI TRAINING FUND PROGRAM
Monthly/Quarterly Invoice
and Payment Request

Grantee Name: First Alaskans Institute #202	GRANT PERIOD		REPORT PERIOD	
	FROM	TO	FROM	TO
	08/01/04	12/30/06	July 1, 2004	September 30, 2004


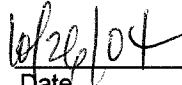
	GRANT BUDGET	MONTHLY/ QUARTERLY EXPENSES	YEAR TO DATE EXPENSES	BALANCE OF GRANT FUNDS
Denali Training Fund	\$300,000.00	\$0.00	\$0.00	\$300,000.00
TOTALS	\$300,000.00	\$0.00	\$0.00	\$300,000.00

REIMBURSEMENT REQUEST

Amount of Grant Funds Received to Date	\$0.00
Amount of Expenditures to Date	\$0.00
Amount of Reimbursement Requested	\$0.00

CERTIFICATION

By affixing my signature below, I certify that the information included in the Monthly Financial Report and Reimbursement Request is true and correct to the best of my knowledge. I acknowledge the knowing submission of false or incorrect information in this report may be an illegal act, subject to possible prosecution.



 Signature Date
 Carrie Brown, Senior Vice President
 Printed Name and Title:

DIVISION APPROVAL

Encumbrance Number			
	Advance Amount:		
	Amount Previously Recovered:		
	Amount Applied to this Invoice:		
	Balance to Recover:		
Financial Line	Collo Code	Payment Amount	
	7614107		
TOTAL PAYMENT			
Approval Signature		Date	

State of Alaska, Department of Labor and Workforce Development
Division of Business Partnerships
DENALI TRAINING FUND PROGRAM
Detailed Monthly/Quarterly Invoice

GRANTEE NAME			REPORT PERIOD	
First Alaskans Institute # 202				
DTF PROGRAM	GRANT BUDGET	MONTHLY/ QUARTERLY EXPENSES	YEAR TO DATE EXPENSES	BALANCE OF FUNDS
Personal Services	\$212,725.00	\$0.00	\$0.00	\$212,725.00
Travel	\$11,250.00	\$0.00	\$0.00	\$11,250.00
Contractual	\$54,400.00	\$0.00	\$0.00	\$54,400.00
Supplies	\$3,750.00	\$0.00	\$0.00	\$3,750.00
Equipment	\$11,775.00	\$0.00	\$0.00	\$11,775.00
Administration	\$6,100.00	\$0.00	\$0.00	\$6,100.00
Totals	\$300,000.00	\$0.00	\$0.00	\$300,000.00